

MISSOURI COUNSELOR ACADEMY - REGISTRATION FORM

June 8 and 9, 2005

Capital Plaza - Jefferson City

Registration Deadline: May 1, 2005

Please send registration form to the MCCE (CMSU) office listed below.

You MUST reveal you are with the Academy to get the below room rate.

Please type or print the following information:

Name _____

School & District _____

City, State, Zip Code _____

School Phone _____ Fax Number _____

E-Mail Address _____

Home Address _____

City, State, Zip

Home Phone _____

Registration Fee: \$50.00 for the two-day meeting and fall regional meeting.

Please check your RPDC Region

____ Region 1 Cape Girardeau

____ Region 2 Columbia

____ Region 3 Kansas City

____ Region 4 Kirksville

____ Region 5 Maryville

____ Region 6 Rolla

____ Region 7 Springfield

____ Region 8 St. Louis

____ Region 9 Warrensburg

Method of Payment (check one):

____ Payment Enclosed (make check payable to CMSU)

Tax ID Number 446000293

____ Purchase Order - mail or fax to:

MCCE at CMSU

TR Gaines 302

Warrensburg, MO 64093

FAX 660-543-8995

Academy questions? Contact Kyle Heislen 573-751-7966

Registration questions? Contact Amber Gazverde 660-543-8768

Hotel Reservations: Capital Plaza Hotel and Convention Center, Jefferson City 573-635-1234

Room Rate: \$50.47

Participants are responsible for making their own reservations. You MUST reveal you are with the Academy to get the above room rate.